

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2012
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 201 SS=D	<p>483.12(a)(2) REASONS FOR TRANSFER/DISCHARGE OF RESIDENT</p> <p>The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>The safety of individuals in the facility is endangered;</p> <p>The health of individuals in the facility would otherwise be endangered;</p> <p>The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or</p> <p>The facility ceases to operate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide a discharge necessary for the resident's welfare and/or for which the facility could not meet needs for one resident (#12) of three residents reviewed.</p>	F 201	<p><u>Tag: F201</u></p> <ol style="list-style-type: none"> 1. Patient is no longer resident of the facility. 2. The Director of Social Services will review current census to determine if any current residents are suspected to be discharged involuntarily. The Director of Social Services and the Administrator of Daily Operations will then study each situation to confirm that involuntary discharge is only occurring where the findings and documentation of the multidisciplinary team evidence that the discharge is necessary for the welfare of the resident and it is determined that the facility cannot met the resident's needs. To be completed by 10-31-12. 3. Administrator of Daily Operations will conduct in-servicing for Nursing, Social Services, and Administration on the facility's requirement to allow residents to remain in the facility, and to not discharge or transfer from the facility unless it is necessary for the resident's welfare and the resident's needs cannot be met in the facility. 4. Administrator of Daily Operations will conduct a QA Study of involuntary discharges at the facility to ensure proper decision making and documentation. The study will be 		<p>10-31-12</p> <p>10-31-12</p> <p>10-31-12 & Ongoing</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X6) DATE

11/2/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 201	<p>Continued From page 1</p> <p>The findings included:</p> <p>Resident #12 was re-admitted to the facility on June 22, 2012, with diagnoses including Liver Cancer, Cirrhosis, and Hospice Care.</p> <p>Medical record review of a Minimum Data Set dated June 22, 2012, revealed the resident was severely impaired with decision-making skills, free of behavior problems, and totally dependent on staff for activities of daily living.</p> <p>Medical record review of a nurse's note dated September 21, 2012, at 8:15 p.m., revealed, "made allegation of inappropriate sexual conduct by employee..." Medical record review of a nurse's note dated September 22, 2012, revealed the resident was transported to a hospital for evaluation.</p> <p>Medical record review of social service note dated September 22, 2012, at 12:10 p.m., revealed, "...admitted to (hospital)...Writer informed (hospice social worker) (facility) would not be able to receive (resident) back and alternate placement should be found per adm (administrator's) request..."</p> <p>Medical record review of a Discharge Summary dated September 28, 2012, revealed, "...rec (received) hospice care. On 9-22-12 patient stated (resident) had been assaulted...transported to local ER (Emergency Room) for further eval (evaluation)...no plans for patient to return..."</p> <p>Medical record review revealed no documentation</p>	F 201	<p>conducted on a quarterly basis until 100% compliance is reached.</p>		

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F 201	Continued From page 2 regarding risks to the resident's welfare due to residing in the facility or how the facility was unable to meet the resident's needs. Medical record review revealed the resident did not return to the facility. Interview with the Administrator of Daily Operations on October 15, 2012, at 12:21 p.m., in a conference room and the presence of the Administrator, revealed the resident's spouse expressed the desire to return the resident to the facility. He stated, "...I felt it was not (in resident's) best interest for (resident) to return with help (employee) here (resident) alleged had raped (resident)."	F 201			
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section	F 203			

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F 203	<p>Continued From page 3</p> <p>must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 203	<p><u>Tag: F203</u></p> <ol style="list-style-type: none"> 1. Patient is no longer resident of the facility. 2. The Director of Social Services will review current census to determine if any current residents are suspected to be discharged involuntarily. The Director of Social Services and the Administrator of Daily Operations will then study each situation to confirm that if a decision to involuntary discharge is made that proper written notification is provided to the resident and a known family member or legal representative and that the reasons for the involuntary discharge are recorded in the resident's medical file. 3. The Administrator of Daily Operations will conduct in-servicing for Nursing, Social Services, and Administration on the facility's requirement to notify the resident and a known family member or legal representative of a decision for involuntary discharge and that the reasons for the involuntary discharge are recorded in the resident's medical file. 4. Administrator of Daily Operations will conduct a QA Study of involuntary discharges at the facility to ensure proper decision making and documentation. Study will be conducted on a quarterly basis until 	10-31-12	10-31-12
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F 203	<p>Continued From page 4</p> <p>by:</p> <p>Based on medical record review and interview, the facility failed to provide a thirty day notice prior to discharge for one resident (#12) of three residents reviewed.</p> <p>The findings included:</p> <p>Resident #12 was re-admitted to the facility on June 22, 2012, with diagnoses including Liver Cancer, Cirrhosis, and Hospice Care.</p> <p>Medical record review of a Minimum Data Set dated June 22, 2012, revealed the resident was severely impaired with decision-making skills, free of behavior problems, and totally dependent on staff for activities of daily living.</p> <p>Medical record review of a nurse's note dated September 21, 2012, at 8:15 p.m., revealed, "made allegation of inappropriate sexual conduct by employee..." Medical record review of a nurse's note dated September 22, 2012, revealed the resident was transported to a hospital for evaluation.</p> <p>Medical record review of social service note dated September 22, 2012, at 12:10 p.m., revealed, "...admitted to (hospital)...Writer informed (hospice social worker) (facility) would not be able to receive (resident) back and alternate placement should be found per adm (administrator's) request..."</p> <p>Medical record review of a Discharge Summary dated September 28, 2012, revealed, "...rec (received) hospice care. On 9-22-12 patient stated (resident) had been</p>	F 203	100% compliance is reached.		

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F 203	<p>Continued From page 5</p> <p>assaulted...transported to local ER (Emergency Room) for further eval (evaluation)...no plans for patient to return..."</p> <p>Medical record review revealed the resident did not return to the facility.</p> <p>Medical record review revealed no documentation regarding the reasons for the resident's discharge.</p> <p>Interview with the Administrator on October 15, 2012, at 12:25 p.m., in a conference room and the presence of the Administrator of Daily Operations, confirmed the facility failed to provide a thirty day notice prior to discharge for Resident #12.</p>	F 203			

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